Attorney Docket No.: 018563-006700US

Client Ref. No., AT-00122

PTO/SB/01A (05-03)

Approved for use through 05/31/2003 OM8 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Title of Inve	ntion	DENTAL A	PPLIANCE SEQ	JENCE ORDER	ING S	SYSTEM AND METHOD
As the below named inventor(s), I/we declare that						
This declaration is directed to:						
	X] The a	nached application	, or		Ý
] Аррію	cation No. , filed or	١,		· · · · · · · · · · · · · · · · · · ·
		☐ as	amended on	(if applicable);		
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;						
I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above:						
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.						
All statements made herein of my/our own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.						
FULL NAME OF	INVENT	OFISI				
Inventor 1	ERIC KL	1771		Date:	:	1-1-03
Signature:		VVV		Citize	en of:	United States
Inventor 2				Date:	:	
Signature:				Citize	n of	
Inventor 3				Date:		
Signature:				Citize	en of:	
Inventor 4				Date:		<i>a</i> .
Signature:				Citize	n of:	
Additional inventors are being named on form(s) attached hereto.						

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1 63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1 14. This collection is estimated to take 24 minutes to complete; including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce. P.D. Box 1450, Alexandria, VA 22313-1450. PEES OR COMPLETED FORMS TO This ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTC/SE/81 (05-03)
Approved for use through 04/30/2003 OMB 0551-0035
U.S. Patent and Tradement Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act at 1895, no persons are required to respond to a callection of information unless it displays a valid OMB control number Application Number Filing Date First Named Inventor KUO, ERIC **POWER OF ATTORNEY OR** DENTAL APPLIANCE SEQUENCE Title **AUTHORIZATION OF AGENT** ORDERING SYSTEM AND METHOD Art Unit **Examiner Name** 018563-006700US / AT-00122 Attorney Docket Number I hereby appoint *20350* Practitioners at Customer Number 20350 Pracutioner(s) names below: Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: ☐ The above-mentioned Customer Number. Practitioners at Customer Number ☐ Firm or Individual Name Address Address City State ZIP Country Fax Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Associate General Counsel Name Signature Telephone 408.470.1000 NOTE Signatures of all the inventors or assignees of record of the entire interest of their representative(s) are required. Submit multiple torms it more than one signature is required see below

forms are submitted.